SEPA Notification of Hazardous Waste Site United States Environmental Protection Agency Washington DC 20460 Please type or print in ink. If you need This initial notification information is required by Section 103(c) of the Compreadditional space, use separate sheets of hinsive Environmental Response, Compenpager. Indicate the letter of the item which applies. 810609 sition, and Liability Act of 1980 and must or mailed by June 9, 1981. 165-000-001-367 Person Required to Notify: SHELL OIL COMPANY Name Enter the name and address of the person or organization required to notify. P. O. BOX 262 Street <u>το code</u> 62095 WOOD RIVER ILSite Location: Name of Site WOOD RIVER MANUFACTURING COMPLEX Enter the common name (if known) and actual location of the site. Street SA11A AND ROUTE 111 ROXANA County MADISON 62084 City Name (Last First and Title) - WALLS, C. G.-MGR ENVIRONMENTAL CONSERVATION Enter the name, title (if applicable), and b, sir ess telephone number of the person Phone (618) 254-7371 to contact regarding information submitted on this form. D Dates of Waste Handling: Enter the years that you estimate waste To (Year) 1917 From (Year) treatment, storage or disposal began and ended at the site. Waste Type: Choose the option you prefer to complete Option 1: Select general waste types and source categories. If Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 you do not know the general waste types or sources, you are encouraged to describe the site in Item I-Description of Site. regulations (40 CFR Part 261). General Type of Waste: Source of Waste: Specific Type of Waste: Place an X in the appropriate EPA has assigned a four-digit number to each hazardous wast Place an X in the appropriate listed in the regulations under Section 3001 of RCRA. Enter th boxes. The categories listed boxes. appropriate four-digit number in the boxes provided. A copy of overlap. Check each applicable the list of hazardous wastes and codes can be obtained by ; ategory. contacting the EPA Region serving the State in which the site located. 1. Mining 1. Er Organics 2. Construction 2. El Inorganics K048 MISE PEF 3. El Solvents 3. D Textiles K049 WASTESA 4. | Fertilizer 4. Cl Pesticides Bottoms K051 E. El Heavy metals 5. D Paper/Printing K052 6. D Leather Tanning E. Cl Ac ds <u>* U188</u> PHENOL 7. C. Bases 7. | Iron/Steel Foundry D002 CORPOSIVE TI PCBs 8. Chemical, General ** U019 BENZENE 9. Plating/Polishing S C M ked Municipal Waste D003 REACTIVE 10. [] Unknown 10. Military/Ammunition 11. Electrical Conductors 1. () Other (Specify) 12. Transformers 13. Utility Companies *Solids, sludges, etc., minimally contaminated with phenol. 14. Sanitary/Refuse **Dreating clays, minimally contaminated with benzene 1. -98/ 15. D Photofinish 16. Lab/Hospital 17. Unknowa 18. Other (Specify) EPA Region 5 Records Ctr.

JUN 1 2 100

Form Approved OMB No. 1000-0133

Notification of Hazardous Waste Site United States **Environmental Protection** Agency Washington DC 20460 This initial notification information is Please type or print in ink. If you need required by Section 103(c) of the Compreadditional space, use separate sheets of hens ve Environmental Response, Compen- paper, Indicate the letter of the item which applies. 91060 9 sation, and Liability Act of 1980 and must be mailed by June 9, 1981. 1 LS-000-001-367 Fersion Required to Notify: SHELL OIL COMPANY Name Enter the name and address of the person or organization required to notify. P. O. BOX 262 Street WOOD RIVER City Site Location: Name of Site WOOD RIVER MANUFACTURING COMPLEY Enter the common name (if known) and actual location of the site. SAIIA AND ROUTE 111 160080012305 ROXANA State 62084 County MADISON Ferson to Contact: Name (Last First and Title) - WALLS, C. G.-MGR ENVIRONMENTAL CONSERVATION Enter the name, title (if applicable), and business telephone number of the person Phone <u>(618) 254-7371</u> to contact regarding information submitted on this form. Dates of Waste Handling: Enter the years that you estimate waste From (Year) tilea ment, storage, or disposal began and ended at the site. Waste Type: Choose the option your prefer to complete Option 2: This option is available to persons familiar with the Opt on I: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site. regulations (40 CFR Part 261). Source of Waste: Specific Type of Waste: General Type of Waste: EPA has assigned a four-digit number to each hazardous wast flace an X in the appropriate Place an X in the appropriate boxes.

tickes. The categories listed cverlap. Check each applicable category.

1. 10	Cirganics
2 0	Imorganics
3 ()	Solvents
4. 🗇	Pesticides
5. 🗇	Heavy metals
6. □	Acids
7. 🗆	Eases
1 17	{ CBs

1	$\{C\}$	f CBs
9		Mixed Municipal Waste
0	\Box	Unknown
١,	Э	Other (Specify)

Form Approved OMB No. 2000-0138

1.
Mining 2 Construction

2. 0	Construction
3 . □	Textiles
4. 🗆	Fertifizer
5. D	Paper/Printing
6. □	Leather Tanning
7. 🗆	I Iron/Steel Foundry
8. 🗆	Chemical, General
9. 🗆	Plating/Polishing
10.	Military/Ammunition

11.

Electrical Conductors 12.
Transformers 13. Utility Companies

14.
Sanitary/Refuse 15. D Photofinish 16.

Lab/Hospital

17.
Unknown 18. Other (Specify)

Resource Conservation and Recovery Act (RCRA) Section 3001

listed in the regulations under Section 3001 of RCRA. Enter th appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site located.

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K048]			
K048 K049]			
K051				
к052	<u> </u>			
* U188]			
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*Solids, sludges, etc., minimally contaminated with phenol.

**Draging clays, minimally contaminated with berzene UN -981

JUN 1 2 1981

	No ilization di mazardous viaste bile	2106 IMO	SITE	
F.	Waste Cuantity:	Facility Type	Total Facility Waste Amount	
`	. Riane an X in the appropriate bo	. 1. ☑ Piles .	Cube feet \$10,800,000	
	indicate the famility types found at the site. In the "total facility waste amount" space	2. O Land Treatment	gallons 80,800,000	
	give the est mated combined quantity	3. ⊠ Landfill 4. □ Tanks		
	(volume) of hazardous wastes at the site using cubic feet or gallons.	5. 🖾 Impoundment	Total Facility Area	
	In the "total facility area" space, give the	6. Underground Injection	V 1,903,900	
	estimated area size which the facilities occupy using square feet or acres.	7. D Drums, Above Ground 8. D Drums, Below Ground	acres 45	
		9. Other (Specify)		
ē-	Known, Suspected or Likely Releases	to the Environment:		
C	Place an X in the appropriate boxes to indica		☐ Known ☐ Suspected ☐ Likely [
	or likely releases of wastes to the environment	ent.	X - Do Not Know	-
	Note: Items Hand Lare optional. Completin hazardous waste sites. Although completin			se
H	Sketch Map of Site Location: (Option	al)		
	Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing	,	•	
	the direction north. You may substitute a publishing map showing the site location.		•	
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ı	Description of Site: (Optional)			
	Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.			
	_			
				
J	Signature and Title:			
	The person or authorized representative (such as plant managers, superintendents,	Name A. R. WILLIAMS		
	trustees or attorneys) of persons required to notify must sign the form and provide a	Street P. O. BOX 262	☐ Owner, Pa	
	mailing address (if different than address in tem A). For other persons providing	City WOOD RIVER Sta	Ne II. Zip Code 62095 □ Operator.	
	nonfication, the signature is optional. Check the boxes which best describe the	- /-	C Other	•
	relationship to the site of the person required to notify. If you are not required to notify check "Other".	Signature Mullillian	n Date 6/9/81	

			Slib
	Waste Quantity:	Facility Type	Total Facility Waste Amount
	. Wage an X in the appropriate boxe. I noicate the firstlity types found at the site.	1. ☑ Piles .	· Lubic lees 410,800,900
	in the "total facility waste amount" space	.2. □ Land Treatment 3. ☑ Landfill	gations 80,800,000
	give the estimated combined quantity	4. 🗆 Tanks	Total Facility Area
	yolume) of hazardous wastes at the site sing cubic feet or gallons.	5. M Impoundment	spoore ten 1,965,900
	in the "total facility area" space, give the	6. Underground Injection	1,903,900
	estimated area size which the facilities occupy using square feet or acres.	7. D Drums, Above Ground 8. D Drums, Below Ground	10es -45-45
	•	9. Other (Specify)	
<u>.</u>	Known, Suspected or Likely Releases t		
3	Place an X in the appropriate boxes to indicate		El Vacuus El Susacoud El Data El
	or likely releases of wastes to the environmen	nt.	□ Known □ Suspected □ Likely □ ▼ - Do Not Know
	Note: Items Hand Lare optional. Completing nazardous waste sites. Although completing	these items will assist EPA and Stat the items is not required, you are el	te and local governments in locating and ass ncouraged to do so.
Н	Sketch Map of Site Location: (Optiona	1)	
	Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.	•	•
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	Description of Site: (Optional)		
	Describe the history and present conditions of the site. Give directions to		
,	the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.		•
	Signature and Title:		
	The person or authorized representative (such as plant managers, superintendents,	Name A. R. WILLIAMS	© Owner, Pres
	trustees or attorneys) of persons required	ense D O DOV 262	□ Owner, Past
	to notify must sign the form and provide a	Street P. O. BOX 262	□ Transporter

WOOD RIVER

City

🖾 Operator, Pri

1 Operator, Pa

D Other

Zip Code

62095

mailing address (if different than address in item A). For other persons providing

notification, the signature is optional. Check the boxes which best describe the

relationship to the site of the person required to notify. If you are not required to not fy check "Other".

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